



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation  
DIVISION OF MOTOR CARRIERS

TC 95-617  
03/2013  
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**AMENDMENT QUESTIONNAIRE KYU/KIT/IFTA**

**MAIL TO:**  
Kentucky Transportation Cabinet  
Division of Motor Carriers  
PO Box 2007  
Frankfort, KY 40602-2007

Phone: (502)564-1257 8:00 a.m. – 4:30 p.m. EST  
Walk-ins 8:00 a.m. – 4:00 p.m. EST  
<http://transportation.ky.gov/Motor-Carriers>

**E-mail:** [tax.dmc@ky.gov](mailto:tax.dmc@ky.gov)

**OVERNIGHT DELIVERIES:**  
Kentucky Transportation Cabinet  
Division of Motor Carriers  
200 Mero Street, 2<sup>nd</sup> floor  
Frankfort, KY 40622

Name of Business ( )  
Enter Exact Name as it Appears on Your License Telephone Number

Location of Business  
P O Box or Number & Street City or Town State ZIP Code

- (1) KYU/KIT/IFTA Number under which tax was paid to the Kentucky State Treasurer.  
\_\_\_\_\_
- (2) Period(s) in which tax was reported and paid. \_\_\_\_\_  
*List all quarters if more than one period is reported.*
- (3) Amount due after amended. \_\_\_\_\_
- (4) Amount of refund after amended. \_\_\_\_\_
- (5) List all VIN(s) (Vehicle Identification Number(s) with a breakdown of miles, if more than one, affecting amended return: *(Attach separate sheet if necessary)*  
\_\_\_\_\_
- (6) Explain in detail the reason(s) for amendment. Attach proof of payment. *(Attach separate sheet if necessary.)*  
\_\_\_\_\_  
\_\_\_\_\_

- Instructions
- (1) This application **must be completed** in order for consideration to be given to the amendment request.
  - (2) Mail completed application to the Department of Transportation, Division of Motor Carriers, PO Box 2007, Frankfort, Kentucky 40602.
  - (3) Application may be e-mailed to: [tax.dmc@ky.gov](mailto:tax.dmc@ky.gov)

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. It is understood that the books and records supporting this refund application must be maintained for a period of four years from the date the refund is issued and are subject to audit at the discretion of the Kentucky Transportation Cabinet. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**Keep a copy for your records**